

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-26933
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
8. Well Number 422
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660' GR

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	2. Name of Operator Occidental Permian LTD
3. Address of Operator PO Box 4294 Houston, TX 77210	4. Well Location Unit Letter H : 1550 feet from the N line and 1300 feet from the E line Section 25 Township 18S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/13/19: MIRU x NDWH x NUBOP. 5/14/19: POOH 125 jts 2 7/8" tbg x 4 1/2" inj equipment.

5/16/19: RIH 3 7/8" bit x tagged @ 4298'. RIH 4 1/2" cibp @ 4236' x dump bailed 25' pea gravel on top.

RIH 4 1/2" cibr @ 4048'. 5/17/19: Pumped 35 bbls cmt w/ 10 bbls into formation x squeezed to 2500 psi.

Stung out cibr x reversed out w/ 40 bbls BW. 5/20/19 - 5/21/19: RIH x tagged toc @ 4046'.

Drilled cmt through cibr x cibp to PBTD @ 4350'. 5/23/19: RIH 4 1/2" injection pkr @ 4070' x 125 jts 2 7/8" tbg x inj equipment @ 4063'. Ran MIT - chart attached. 5/24/19: RD x NDBOP x NUWH.

8/16/19: MIRU x NDWH x NUBOP. POOH 125 jts 2 7/8" tbg x 4 1/2" inj equipment.

8/19/19: Pumped 3,000 gals 15% acid x flushed w/ 100 bbls BW. RIH 4 1/2" injection pkr @ 4070' x 125 jts 2 7/8" tbg x inj equipment @ 4063'. 8/29/19: Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

05/13/2019

Rig Release Date:

08/29/2019

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE April Santos TITLE Regulatory Specialist DATE 10/09/2019

Type or print name April Santos E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY: Kerry Fath TITLE C.O. A DATE 11-15-19

Conditions of Approval (if any):

Used
Baronius

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Oxy Permian		API Number 30025-26933	
Property Name North Hobbs (GSA) Unit		Well No. 25-422	

1. Surface Location

UL - Lot H	Section 25	Township 185	Range 37E	Feet from 	N/S Line 	Feet From 	E/W Line 	County Lea
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD 	PRODUCER OIL	GAS 	DATE 8-20-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure					
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ___
Surges	Y / N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of fluid rejected for waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness:		

INSTRUCTIONS ON BACK OF THIS FORM